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Fill in this information to	identify your case:		
United States Bankruptcy (	Court for the:		
SOUTHERN DISTRICT OF	- OHIO		
Case number (if known) 2:15-bk-57465		Chapter you are filing under:	
		☐ Chapter 7	
		☐ Chapter 11	
		☐ Chapter 12	
		■ Chapter 13	■ Check if this an amended filing

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	identity Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
		e the name that is on	Jan	
	pictu	your government-issued picture identification (for	First name	First name
		nple, your driver's	Michael	
	licer	se or passport).	Middle name	Middle name
		g your picture	Goldberg	
		tification to your ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	the last 4 digits of r Social Security ober or federal vidual Taxpayer otification number	xxx-xx-5270	

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Debtor 1 Jan Michael Goldberg

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 4331 Yearling Circle, Apt. A Columbus, OH 43213 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Franklin County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) 2:15-bk-57465 Debtor 1 Jan Michael Goldberg

Par	Tell the Court About	Your Ban	kruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are			orief description of each, see go to the top of page 1 and o			C. § 342(b) for Individu	uals Filing for Bankruptcy	
	choosing to file under	☐ Cha	pter 7						
		☐ Cha	pter 11						
		☐ Cha	pter 12						
		■ Cha	pter 13						
8. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's offi about how you may pay. Typically, if you are paying the fee yourself, you may pay order. If your attorney is submitting your payment on your behalf, your attorney may a pre-printed address.					you may pay with cash	n, cashier's check, or money			
						u choose this option, sign and attach the Application for Individuals to Pay			
			•	e in Installments (Official For It my fee be waived (You ma	,	this option only if	you are filing for Char	oter 7. By law, a judge may	
		bı aj	ut is not req oplies to you	uired to, waive your fee, and ur family size and you are un on to Have the Chapter 7 Filin	may do so able to pa	o only if your incor y the fee in install	me is less than 150% oments). If you choose	of the official poverty line that this option, you must fill out	
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.							
	iasi o years:	■ res.		Cavetharm District of					
			District	Southern District of Ohio	When	8/23/12	Case number	12-bk-57275	
			District		When		Case number		
			District		When		Case number		
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
11.	Do you rent your	■ No.	Go to I	ine 12.					
	residence?	☐ Yes.	Has yo	ur landlord obtained an evict	ion judgm	ent against you a	nd do you want to stay	in your residence?	
				No. Go to line 12.					
				Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.	nt About ar	n Eviction Judgme	ent Against You (Form	101A) and file it with this	

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Case number (if known) 2:15-bk-57465 Debtor 1 Jan Michael Goldberg

ar	3: Report About Any Bu	sinesses	You Owr	n as a Sole Propriet	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	oer, Street, City, Stat	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	lefined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	е
13.	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set apply deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the properties of t		a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	No.	ı am ı	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
art	4: Report if You Own or	Have Any	/ Hazardo	ous Property or Any	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?	
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	Number, Street, City, State & Zip Code
					Number, Street, City, State & Zip Code

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Debtor 1

Jan Michael Goldberg

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

I received a briefing from an approved credit
counseling agency within the 180 days before I filed
this bankruptcy petition, and I received a certificate of
completion.

2:15-bk-57465

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1	Jan Michael Goldberg		9	Case number (if known)	2:15-bk-57465	

Part	6: Answer These Questi	ons for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consun individual primarily for a personal,		defined in 11 U.S.C. § 101(8) as "incurred by an		
			■ No. Go to line 16b.				
			☐ Yes. Go to line 17.				
		16b.	Are your debts primarily busines money for a business or investmen				
			☐ No. Go to line 16c.				
			Yes. Go to line 17.				
		16c.	State the type of debts you owe that	at are not consumer debts or bus	iness debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available		property is excluded and administrative expenses tors?		
	administrative expenses		□No				
	are paid that funds will be available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	□ \$100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	□ \$100,	50,000 101 - \$100,000 101 - \$500,000 1001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I declare u	nder penalty of perjury that the ir	nformation provided is true and correct.		
					ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.		
			no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this cument, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankrupt and 3571	derstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a cruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 3571.  Ian Michael Goldberg				
		Jan Mic	chael Goldberg	Signature of De	ebtor 2		
		Executed	ted on March 3, 2016 Executed on MM / DD / YYYY				

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Debtor 1 Jan Michael Goldberg Case number (if known) 2:15-bk-57465

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Arnold S. White	Date	March 3, 2016
Signature of Attorney for Debtor	<del></del>	MM / DD / YYYY
Arnold S. White		
Printed name		
Buck, White & Fish, Ltd.		
Firm name		
3380 Tremont Road, Suite 110		
Columbus, OH 43221		
Number, Street, City, State & ZIP Code		
Contact phone 614-528-2901	Email address	awhite@centralohioattorneys.com
0029018		
Bar number & State		

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			I Paue o Ul St	
Fill in this info	ormation to identify your	case:		
Debtor 1	Jan Michael Gold			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF	OHIO	
Case number	2:15-bk-57465			

■ Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets		
	Your a	ssets of what you own
Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B	\$	940,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	125,207.29
1c. Copy line 63, Total of all property on Schedule A/B	\$	1,065,207.2
Part 2: Summarize Your Liabilities		
		abilities It you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	385,209.78
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	155,735.7
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	21,570.4
Your total liabilities	\$	562,515.99
Part 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,136.5
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,449.9
Part 4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other sc	hedules.
Yes  What kind of debt do you have?		
		. family. or
Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personar	, .a, , o.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	155,735.77
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	155,735.77

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		1706411110	III FAUE IVUISI						
Fill in this information to identify your case:									
Debtor 1	Jan Michael Gold	berg							
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO						
Case number	2:15-bk-57465								
(									

Check if this is an amended filing

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Bob Shingh 4331 Yearling Circle, Apt. D Columbus, OH 43213	Rental Income
2.2	Brittney Robinson 4321 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income
2.3	C. Wilder 4320 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income
2.4	Chavis Whittney 41 Yearling Road, Apt. B Columbus, OH 43213	Rental Lease
2.5	Dorothy Straits 4301 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income
2.6	Gino Washington 4321 Yearling Circle, Apt. D Columbus, OH 43213	Rental Income
2.7	Herman Garland 4321 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income
2.8	Jeff Lee 4290 Yearling Circle, Apt. D Columbus, OH 43213	Rental Income

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### Additional Page if You Have More Contracts or Leases

	Additional Lage II Tou Have more contracts of Leases							
	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for						
2.9	Jennifer Cramer 4328 Yearling Circle, Apt. A Columbus, OH 43213	Rental Income						
2.10	Jerry Arthur 4331 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income						
2.11	Joe Goldberg 4331 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income						
2.12	John M. Ranft & Company 4866 E. Broad Street Columbus, OH 43213	Property Management						
2.13	Jose Caberra 4290 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income						
2.14	Kevin Ryan 4311 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income						
2.15	Kier Miller 4300 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income						
2.16	Latoya Reynolds 4301 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income						
2.17	Lawrence Jacobs 4301 Yearling Circle, Apt. D Columbus, OH 43213	Rental Income						
2.18	Leah Smith 4310 Yearling Circle, Apt. A Columbus, OH 43213	Rental Income						
2.19	Maharath Vong 4320 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income						
2.20	Martha Alwalin 4320 Yearling Circle, Apt. A Columbus, OH 43213	Rental Income						
2.21	Octavia Arthur 4321 Yearling Circle, Apt. A Columbus, OH 43213	Rental Income						

Official Form 106G

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Debtor 1 Jan Michael Goldberg

## Additional Page if You Have More Contracts or Leases

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.22	Office 4331 Yearling Circle, Apt. A Columbus, OH 43213	Rental Income
2.23	Ray Freeman 4320 Yearling Circle, Apt. D Columbus, OH 43213	Rental Income
2.24	Ron Powell 4290 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income
2.25	Samur Aljeeran 4310 Yearling Circle, Apt B Columbus, OH 43213	Rental Income
2.26	Seab Hood 41 Yearling Road, Apt. C Columbus, OH 43213	Rental Income
2.27	Sueng Southern 4310 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income
2.28	Teresa Perez 4328 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income
2.29	Teresa Reily 4310 Yearling Circle, Apt. D Columbus, OH 43213	Rental Income
2.30	Ty Childer 81 Yearling Road, Apt. C Columbus, OH 43213	Rental Income
2.31	Valerie Varney 4328 Yearling Circle, Apt. C Columbus, OH 43213	Rental Income
2.32	Valey Conley 4300 Yearling Circle, Apt. B Columbus, OH 43213	Rental Income

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						_				
Fill	in this information to identify your	case:								
De	btor 1 Jan Michae	el Goldberg			_					
1 -	btor 2				_					
Un	ited States Bankruptcy Court for th	e: SOUTHERN DISTRIC	T OF OHIO							
Ca	se number 2:15-bk-57465					Chec	k if this is			
(If k	nown)					■ A	n amende	ed filing		
_									g postpetition llowing date:	
<u>O</u>	fficial Form 106l					N	1M / DD/ \	YYY		
S	chedule I: Your Ind	come								12/1
atta Pa	the course of th	. On the top of any addition								
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fil	ing spouse	
	If you have more than one job,	Employment status	☐ Employed				☐ Employed			
	attach a separate page with information about additional employers.		■ Not employed				☐ Not e	mployed		
	Include part-time, seasonal, or	Occupation								
	self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed the	nere?				_			
Pa	rt 2: Give Details About Me	onthly Income								
	imate monthly income as of the use unless you are separated.	date you file this form. If $y$	ou have nothing to r	eport for	any	line, write	9 \$0 in the	space. Inc	lude your no	n-filing
	ou or your non-filing spouse have r e space, attach a separate sheet t		mbine the information	n for all e	mp	oyers for	that perso	on on the lir	nes below. If	you need
						For Del	otor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly	•		2.	\$		0.00	\$	N/A	-
3.	Estimate and list monthly ove	rtime pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$		0.00	\$	N/A	

Deb	tor 1	Jan Michael Goldberg	_	Cas	e number (if known)	2:	:15-bk-574	465	
				Fo	or Debtor 1	F	For Debtor	2 or	
	_						non-filing s	<u> </u>	
	Copy	y line 4 here	4.	\$_	0.00	- 9	\$	N/A	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	9	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	- 9	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	•	<u> </u>	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	_ {	δ	N/A	_
	5e.	Insurance	5e.	\$_	0.00		·	N/A	_
	5f.	Domestic support obligations	5f.	\$_	0.00	_	·	N/A	_
	5g.	Union dues	5g.	\$ <sub>-</sub>	0.00	_	·	N/A	_
	5h.	Other deductions. Specify:	5h	· -	0.00	-	· ———	N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	_	·	N/A	_
7.	Calc	rulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	- 9	<b></b>	N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$_	0.00	_	§	N/A	_
	8b.	Interest and dividends	8b.	\$_	6,136.58	- 9	\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		•					
		settlement, and property settlement.	8c.	\$_	0.00	_	<u> </u>	N/A	_
	8d.	Unemployment compensation	8d.	\$_	0.00	_ '	<u> </u>	N/A	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	\$_	0.00	- 1	\$	N/A	_
	oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.	\$	0.00	9	\$	N/A	
	8g.	Pension or retirement income	— 8g.	\$	0.00	_ `		N/A	_
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	_	β	N/A	_
_				_		- 1 Г.			_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	6,136.58		<b></b>	N//	4
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		6,136.58 + \$		N/A	= \$	6,136.58
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes						\$	6,136.58
									nea ly income
13.	Do y	No.	?						-
		Yes. Explain: Attached.							

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Yearling Circle 5 Year Forecast

Prospective, Assuming Stabilization Yearling Circle assuming an increase in rent of 8% in Year 2, 3% in Years 4 & 5 with a 3% increase in expenses

	% of EGI		Year 1	Year 2	Year 3	Year 4		Year 5		Total
Potential rental Income	109%	\$	261,360.00	\$ 261,360.00	\$ 282,268.80	\$ 290,736	86	\$ 299,458.97	\$	1,395,184.63
Less: Vacancy and Collection Loss(8%)	9%	\$	52,272.00	\$ 18,295.20	\$ 19,758.82	\$ 20,351	58	\$ 20,962.13	\$	131,639.72
Effective Gross Income	100%	\$	209,088.00	\$ 243,064.80	\$ 262,509.98	\$ 270,385	28	\$ 278,496.84	\$ :	1,263,544.91
		St								
Expenses										
Total Utilities	14%	\$	30,000.00	\$ 30,000.00	\$ 30,900.00	\$ 31,827	00	\$ 32,781.81	\$	155,508.81
Repairs & Maintenance	14%	\$	30,000.00	\$ 30,000.00	\$ 30,900.00	\$ 31,827	00	\$ 32,781.81	\$	155,508.81
General & Administrative & Legal	9%	\$	18,000.00	\$ 18,000.00	\$ 18,540.00	\$ 19,096	20	\$ 19,669.09	\$	93,305.29
Reserve Account	1%	\$	2,000.00	\$ 2,000.00	\$ 2,060.00	\$ 2,121.	80	\$ 2,185.45	\$	10,367.25
Real Estate Taxes	13%	\$	27,855.00	\$ 27,955.00	\$ 28,793.65	\$ 29,657.	46	\$ 30,547.18	\$	144,808.29
Management Fee(6%)	8%	\$	15,681.60	\$ 15,681.60	\$ 16,152.05	\$ 16,636.	61	\$ 17,135.71	\$	81,287.57
Insurance	6%	\$	11,911.08	\$ 11,911.08	\$ 12,268.41	\$ 12,636.	46	\$ 13,015.56	\$	61,742.60
Total Operating Expenses	56%	\$ .	135,447.68	\$ 135,547.68	\$ 139,614.11	\$ 143,802.	53	\$ 148,116.61	\$	702,528.61
Net Operating Income	44%	\$	73,640.32	\$ 107,517.12	\$ 122,895.87	\$ 126,582.	75	\$ 130,380.23	\$	561,016.30

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Fill	in this information to identify your case:				
Deb	Jan Michael Goldberg		Che	eck if this is: An amended filing	
Deb	otor 2			· ·	ving postpetition chapter
(Sp	ouse, if filing)		_	13 expenses as of	
Unit	red States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO			MM / DD / YYYY	
	e number 2:15-bk-57465 nown)				
0	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f mber (if known). Answer every question.				
Par					
1.	Is this a joint case?  No. Go to line 2.				
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate Househ	old of Del	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relatio Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No
		-			☐ Yes ☐ No
					☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				
	<u>·                                    </u>				
exp	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a suppliblicable date.				
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Yoficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.		0.00
_	4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as hor	ma aquitu la area	4d. 5.	·	0.00
ວ.	ACCIDENTAL INORTOXOE DAVIDENTS FOR VOUL RESIDENCE, SUCh AS NOT	HE ECHITY IOANS	2	.n	(1) (1)(1)

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ebtor 1	Jan Michael Goldberg	Case numl	per (if known)	2:15-bk-57465
Utilit	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	145.00
6d.	Other. Specify:	6d.	\$	0.00
Food	d and housekeeping supplies	7.	\$	375.00
Chile	dcare and children's education costs	8.	\$	0.00
Clot	hing, laundry, and dry cleaning	9.	\$	75.00
o. Pers	onal care products and services	10.	\$	0.00
1. Med	ical and dental expenses	11.	\$	325.00
2. Tran	sportation. Include gas, maintenance, bus or train fare.		_	
	ot include car payments.	12.	·	300.00
3. <b>Ente</b>	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
I. Char	ritable contributions and religious donations	14.	\$	0.00
5. <b>Insu</b>				
	ot include insurance deducted from your pay or included in lines 4 or 20.	4-	•	
	Life insurance	15a.		0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.		100.00
	Other insurance. Specify:	15d.	\$	0.00
Spec	es. Do not include taxes deducted from your pay or included in lines 4 or 20.  Estimated Income Taxes	16.	\$	1,129.95
	allment or lease payments:		_	
	Car payments for Vehicle 1	17a.		0.00
	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.		0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report a		<b>Q</b>	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I)	). 10.	\$	
Spec	er payments you make to support others who do not live with you.	19.	Φ	0.00
	er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>		ur Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.		0.00
	er: Specify:	21.		0.00
Ош			ΤΨ	0.00
	ulate your monthly expenses			
	Add lines 4 through 21.		\$	2,449.95
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,449.95
3. Calc	ulate your monthly net income.	'		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,136.58
	Copy your monthly expenses from line 22c above.	23b.	-\$	2,449.95
				,
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	3,686.63
	, ,	'		
For e	You expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect you it is included it is included in the terms of your mortgage?		ayment to incre	ease or decrease because o

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Fill in this info					
Debtor 1	Jan Michael Gold				
	First Name	Middle Name	Last Name		I
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		I
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO		
	2:15-bk-57465				
(if known)					Check if this is an
					amended filing

### Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below						
Dic	d you pay or agree to pay someone who is NOT ar	attorney to help you fill out bankruptcy forms?					
	No						
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)					
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.							
X	/s/ Jan Michael Goldberg	X					
	Jan Michael Goldberg Signature of Debtor 1	Signature of Debtor 2					
	-	Date					
	Date March 3, 2016	Date					

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Fill ir	this info	rmation to identify you	r case:				
Debte	or 1	Jan Michael Go	dberg				
Dobte	or 2	First Name	Middle Name		Last Name		
Debto (Spous	e if, filing)	First Name	Middle Name		Last Name		
Unite	d States E	Bankruptcy Court for the:	SOUTHERN DISTRIC	CT OF OH	Ю		
Case	number	2:15-bk-57465					
(if knov		2.13-bk-37403					Check if this is an amended filing
Offi	cial F	orm 107					
Sta	temen	nt of Financial	Affairs for Indi	vidual	s Filing for B	ankruptcy	12/1
inforn	nation. If er (if kno	more space is needed wn). Answer every que	, attach a separate sheet	to this fo	orm. On the top of any	equally responsible for sup additional pages, write yo	
1. V	Vhat is yo	our current marital state	ıs?				
г		- d					
l		ea narried					
			lived envelope other th		wew live new?		
2. [	ouring the	e last 5 years, nave you	lived anywhere other th	ian where	you live now?		
	□ No ■						
•	■ Yes. I	ist all of the places you	lived in the last 3 years. D	o not inclu	ide where you live now	<i>1</i> .	
	Debtor 1	Prior Address:	Dates Debto	or 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	2493 Po	well, Bexley, Ohio 43	From-To: Sold in pric chapter 13 2013		☐ Same as Debtor 1	I	☐ Same as Debtor 1 From-To:
	and territ	ories include Arizona, Ca		Nevada, I	New Mexico, Puerto Ri	ity property state or territor ico, Texas, Washington and V	
Part :	2 Exp	lain the Sources of You	ır Income				
F	ill in the to	otal amount of income yo	mployment or from opera ou received from all jobs a have income that you rec	nd all busi	nesses, including part-		ndar years?
	□ No						
I	Yes. I	Fill in the details.					
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.	(be	oss income fore deductions and clusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

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Debtor 1 Jan Michael Goldberg

					Dahira 4		Dalita ii O		
					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions ar exclusions)	Sources of inc  Check all that a		S
Re	nt 20	12			☐ Wages, commissions, bonuses, tips	\$49,694.	00 ☐ Wages, com bonuses, tips	missions,	
					☐ Operating a business		☐ Operating a	business	
Rei	nt 20	13			☐ Wages, commissions, bonuses, tips	\$136,044.	00 ☐ Wages, combonuses, tips	missions,	
					☐ Operating a business		☐ Operating a	business	
Rei	nt 20	14			☐ Wages, commissions, bonuses, tips	\$112,679.	00 ☐ Wages, com bonuses, tips	missions,	
					☐ Operating a business		☐ Operating a	business	
	and winn	other   nings. I	public benef f you are fili	it payments; p ng a joint case		erest; dividends; money co you received together, lis	ollected from lawsuits; t it only once under De		
		Yes.	Fill in the de	tails.					
		Yes.	Fill in the de	tails.	Dobtor 1		Dobtor 2		
		Yes.	Fill in the de	tails.	Debtor 1 Sources of income Describe below	Gross income (before deductions ar exclusions)	Debtor 2 Sources of inc Describe below		S
Paı	□ rt 3:	_			Sources of income	(before deductions ar exclusions)	Sources of inc	. (before deductions	s
		List	Certain Par Debtor 1's Neither De individual p	yments You I or Debtor 2's btor 1 nor De rimarily for a 90 days befor	Sources of income Describe below  Made Before You Filed for s debts primarily consume ebtor 2 has primarily cons personal, family, or househore you filed for bankruptcy, or	(before deductions ar exclusions)  r Bankruptcy  er debts?  sumer debts. Consumer cold purpose."	Sources of inc Describe below  debts are defined in 11	(before deductions and exclusions)  U.S.C. § 101(8) as "incurred by a	
Par 6.		List	Certain Para Debtor 1's Neither Deindividual puring the No.	or Debtor 2's btor 1 nor De rimarily for a 90 days befor Go to line 7. List below expaid that cre	Sources of income Describe below  Made Before You Filed for s debts primarily consume ebtor 2 has primarily consepersonal, family, or househore you filed for bankruptcy, or each creditor to whom you pa	(before deductions ar exclusions)  r Bankruptcy  er debts?  sumer debts. Consumer cold purpose."  did you pay any creditor a enter to	Sources of inc Describe below  debts are defined in 11  total of \$6,225* or mo  ore in one or more pay	(before deductions and exclusions)  U.S.C. § 101(8) as "incurred by a	an
		List	Certain Pay Debtor 1's Neither De individual p During the No. Yes	yments You I or Debtor 2's btor 1 nor De rimarily for a 90 days befor Go to line 7. List below es paid that cre not include p	Sources of income Describe below  Made Before You Filed for s debts primarily consume ebtor 2 has primarily cons personal, family, or househ re you filed for bankruptcy, or ach creditor to whom you pa	(before deductions ar exclusions)  r Bankruptcy  er debts? sumer debts. Consumer cold purpose."  did you pay any creditor a laid a total of \$6,225* or ments for domestic support of this bankruptcy case.	Sources of inc Describe below  debts are defined in 11  total of \$6,225* or mo  ore in one or more pay obligations, such as ch	U.S.C. § 101(8) as "incurred by a re?	an
		List either No.	Certain Par Debtor 1's Neither Deindividual p During the No. Yes  * Subject to	yments You I or Debtor 2's btor 1 nor De rimarily for a 90 days befor Go to line 7. List below es paid that cre not include p o adjustment r Debtor 2 or	Sources of income Describe below  Made Before You Filed for s debts primarily consume ebtor 2 has primarily cons personal, family, or househ re you filed for bankruptcy, or each creditor to whom you pa didtor. Do not include payme by bayments to an attorney for	(before deductions ar exclusions)  r Bankruptcy  er debts? sumer debts. Consumer of old purpose."  did you pay any creditor a deat a total of \$6,225* or meants for domestic support of this bankruptcy case.  urs after that for cases filed sumer debts.	Sources of inc Describe below debts are defined in 11 total of \$6,225* or moore in one or more payobligations, such as child on or after the date of	U.S.C. § 101(8) as "incurred by a re?  rements and the total amount you aild support and alimony. Also, do f adjustment.	an
	Are ■	List either No.	Certain Par Debtor 1's Neither Deindividual p During the No. Yes  * Subject to	yments You I or Debtor 2's btor 1 nor De rimarily for a 90 days befor Go to line 7. List below ex paid that cre not include p o adjustment r Debtor 2 or 90 days befor Go to line 7. List below ex include payr	Sources of income Describe below  Made Before You Filed for s debts primarily consume ebtor 2 has primarily consume personal, family, or househ re you filed for bankruptcy, or each creditor to whom you part ditor. Do not include payme to bayments to an attorney for on 4/01/16 and every 3 year to both have primarily consumer you filed for bankruptcy, or each creditor to whom you part ach cred	(before deductions ar exclusions)  r Bankruptcy  er debts?  sumer debts. Consumer of old purpose."  did you pay any creditor a deaid a total of \$6,225* or ments for domestic support of this bankruptcy case.  ars after that for cases filed sumer debts.  did you pay any creditor a deaid a total of \$600 or more descriptions.	Sources of inc Describe below debts are defined in 11 total of \$6,225* or moore in one or more payobligations, such as characteristic of \$600 or more?	U.S.C. § 101(8) as "incurred by a re?  rements and the total amount you aild support and alimony. Also, do f adjustment.	an

Case 2:15-bk-57465 Doc 24 Filed 03/03/16 Entered 03/03/16 17:22:37 Page 21 of 37 Document ase number (*if known*) 2:15-bk-57465 Debtor 1 Jan Michael Goldberg Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Franklin County Treasurer **Foreclosure** Franklin County, Ohio Pending Case No. 11CV005905 □ On appeal □ Concluded Judgment Lien **Taxes** Franklin County, Ohio □ Pending □ On appeal □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. Nο Yes. Fill in the information below **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

П Yes

No

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Debtor 1 Jan Michael Goldberg

Pa	tt 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift or core	otcy, did you give any gifts or contributions with a total	ıl value of more than	\$600 to any charity
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Pa	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankrupt or gambling?  □ No ■ Yes. Fill in the details.	cy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	how the loss occurred	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
	Fire Damage	No Insurance		\$0.00
	consulted about seeking bankruptcy or pr	ccy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? eparers, or credit counseling agencies for services required	, ,	erty to anyone you
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Buck, Fish & White, Ltd. 3380 Tremont Road, Suite 110 Columbus, OH 43221	\$2,500.00	See Arnold S. White, Esq. Disclosure of Statement.	\$2,500.00
17.		ccy, did you or anyone else acting on your behalf pay of cors or to make payments to your creditors? ou listed on line 16.	or transfer any prope	erty to anyone who
	Yes. Fill in the details.			_
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

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Debtor 1 Jan Michael Goldberg

	include gifts and transfers that you have alrea  ■ No □ Yes. Fill in the details.	dy listed on this statement	t.		
	Person Who Received Transfer Address	Description and v	red	Describe any property or payments received or debts paid in exchange	Date transfer was made
	Person's relationship to you				
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-particle No  ☐ Yes. Fill in the details.		y property to a self-	settled trust or similar device	of which you are a
	Name of trust	Description and v	alue of the property	transferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, In	nstruments, Safe Deposi	t Boxes, and Storage	e Units	
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No  Yes. Fill in the details.	or other financial accou	nts; certificates of d		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account o instrument	r Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any sa	fe deposit box or other depos	sitory for securities,
	No				
	Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		cribe the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than your	home within 1 year	before you filed for bankrupt	су
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		cribe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Contro	I for Someone Else			
23.	Do you hold or control any property that so for someone.	omeone else owns? Incl	ude any property yo	u borrowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		cribe the property	Value

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Debtor 1 Jan Michael Goldberg

Case 2:15-bk-57465

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply
---

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

	Haz	own, operate, or utilize it, including disp zardous material means anything an env cardous material, pollutant, contaminant	viron	mental law defines as a hazardous	was	ste, hazardous substance, toxic s	substance,
Rep	ort a	all notices, releases, and proceedings th	hat yo	ou know about, regardless of when	the	y occurred.	
24.	Has	s any governmental unit notified you tha	at you	ı may be liable or potentially liable	und	er or in violation of an environme	ental law?
		No Yes. Fill in the details.					
		nme of site Idress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	ı	Environmental law, if you know it	Date of notice
25.	Hav	ve you notified any governmental unit of	f any	release of hazardous material?			
		No Yes. Fill in the details.					
		nme of site Idress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	1	Environmental law, if you know it	Date of notice
26.	Hav	ve you been a party in any judicial or ad	lminis	strative proceeding under any envi	ronn	nental law? Include settlements a	and orders.
		No Yes. Fill in the details.					
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	rure of the case	Status of the case
Pai	rt 11	Give Details About Your Business or	r Con	nections to Any Business			
27.	Wit	hin 4 years before you filed for bankrup	otcy, o	did you own a business or have an	y of	the following connections to any	/ business?
		☐ A sole proprietor or self-employed	in a t	rade, profession, or other activity,	eith	er full-time or part-time	
		☐ A member of a limited liability com	pany	(LLC) or limited liability partnershi	ip (L	LP)	
		☐ A partner in a partnership					
		☐ An officer, director, or managing ex	xecut	ive of a corporation			
		☐ An owner of at least 5% of the votin	ng or	equity securities of a corporation			
		No. None of the above applies. Go to	Part	12.			
		Yes. Check all that apply above and fil	ll in t	he details below for each business			
	Ad	Isiness Name Idress Imber, Street, City, State and ZIP Code)		scribe the nature of the business me of accountant or bookkeeper		Employer Identification number Do not include Social Security	
	Ì			mo or accountant or accouncepor		Dates business existed	
	Ja Ye rea	in Goldberg Proprietor in Goldberg Proprietor earling Circle Apts. single asset al				EIN: From-To	

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Case number (if known) 2:15-bk-57465 Debtor 1 Jan Michael Goldberg 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jan Michael Goldberg Signature of Debtor 2 Jan Michael Goldberg Signature of Debtor 1 Date March 3, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Filed 03/03/16

Document

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your case:
Debtor 1	Jan Michael Goldberg
Debtor 2 (Spouse, if filing)	
United States B	Sankruptcy Court for the: Southern District of Ohio
Case number (if known)	2:15-bk-57465

Check	as directed in lines 17 and 21:					
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

■ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pari	1: Calculate Your Average Monthly Income		•				
1.	What is your marital and filing status? Check or	ne d	only.				
	■ Not married. Fill out Column A, lines 2-11.		,				
	☐ Married. Fill out both Columns A and B, lines 2	_11					
	Married. I in out both Columns A and B, lines 2	- 1 1	•				
10 th	Il in the average monthly income that you received from 11(10A). For example, if you are filing on September 15, the 6 months, add the income for all 6 months and divide the bouses own the same rental property, put the income from	e 6-	month period would be March 1 thr al by 6. Fill in the result. Do not incl	roug lude	gh August 31. If the amo any income amount m	ount of your monthly incom ore than once. For examp	e varied during le, if both
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtipayroll deductions).	me	, and commissions (before al	II §	0.00	\$	
3.	<b>Alimony and maintenance payments.</b> Do not incoolumn B is filled in.	lud	e payments from a spouse if	9	0.00	\$	
4.	All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Include regular contributions from filled in. Do not include payments you listed on line	por eho a s	<ul> <li>t. Include regular contributions</li> <li>ld, your dependents, parents,</li> </ul>	3	\$ 0.00	\$	
5.	Net income from operating a business, profession, or farm		Debtor 1				
	Gross receipts (before all deductions)	\$	17,424.00				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from a business, profession, or farm	\$	17,424.00 Copy	>\$	17,424.00	\$	
6.	Net income from rental and other real property		Debtor 1				
	Gross receipts (before all deductions)	\$	1,208.33				
	Ordinary and necessary operating expenses	-\$	0.00				
	Net monthly income from rental or other real property	\$	Copy 1,208.33 here -:	>\$	1,208.33	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Jan Michael Goldberg 2:15-bk-57465 Case number (if known) Debtor 1 Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 18.632.33 **=**|\$ 18,632.33 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 18,632.33 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 18,632.33 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 18,632.33 15a. Copy line 14 here=>\_\_\_\_ Multiply line 15a by 12 (the number of months in a year). **x** 12 223,587.96 15b. The result is your current monthly income for the year for this part of the form.

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Jan Michael Goldberg Case number (*if known*) 2:15-bk-57465 Debtor 1 16. Calculate the median family income that applies to you. Follow these steps: OH 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 1 44.796.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 18,632.33 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 18,632.33 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 18,632.33 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 223,587.96 \$ 20b. The result is your current monthly income for the year for this part of the form 44,796.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Jan Michael Goldberg Jan Michael Goldberg

Signature of Debtor 1

Date March 3, 2016

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in this information to identify your case:	
Debtor 1 Jan Michael Goldberg	_
Debtor 2 (Spouse, if filing)	_
United States Bankruptcy Court for the: Southern District of Ohio	_
Case number (if known) 2:15-bk-57465	☐ Check if this is an amende

Official Form 122C-2

### Chapter 13 Calculation of Your Disposable Income

12/15

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

**Calculate Your Deductions from Your Income** 

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 585.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Case 2:15-bk-57465 Doc 24 Filed 03/03/16 Entered 03/03/16 17:22:37 Document Page 30 of 37 Jan Michael Goldberg Case number (*if known*) 2:15-bk-57465 Debtor 1 People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 1 7c. Subtotal. Multiply line 7a by line 7b. 60.00 Copy here=> 60.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 144 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 7g. **Total.** Add line 7c and line 7f 60.00 60.00 Copy total here=> \$ Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 440.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 977.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-

9b. Total average monthly payment 9c. Net mortgage or rent expense.

\$ 0.00 Copy here=>

**0.00** Repeat this amount on line 33a.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$\_\_\_\_\_\_\$ 977.00 | Copy here=> \$\_\_\_\_\_ 977.00

10. **If you claim that** the U.S. Trustee Program's **division of the IRS Local Standard** for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

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	Name of each creditor for Vehicle 1	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense				Copy net	
	Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	\$	0.00	Vehicle 1 expense here => \$	0.00
Veh	icle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
	Average monthly payment for all debts secured by Vehicle 2 eased vehicles.	. Do not include costs for				
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense				Copy net	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	\$	0.00	Vehicle 2 expense here => \$	0.00
	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v				the \$	0.00
	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in what claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap				0.00

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Debtor 1 Jan Michael Goldberg Case number (if known) 2:15-bk-57465

		n addition to the expense d the following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, socia	al security taxes, and Medic wever, if you expect to rece m the total monthly amount	are taxes	. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from the third by 12 for taxes.	\$	0.00
17.	Involuntary deductions: The contributions, union dues, are	, ,	uctions th	at your job re	quires, such as retirement		
			o, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include paym	ents that you make for your life insurance on your depe	spouse's	term life insu	e insurance. If two married people are trance. spouse's life insurance, or for any form	\$	0.00
19.	<b>Court-ordered payments:</b> administrative agency, such Do not include payments on	as spousal or child support	payment	S	by the order of a court or  You will list these obligations in line 35.	\$	0.00
20.	Education: The total month	y amount that you pay for e	ducation	that is either i	required:		
	as a condition for your job	o, or					
	for your physically or mer	ntally challenged dependent	child if n	o public educ	ation is available for similar services.	\$	0.00
21.	<b>Childcare:</b> The total monthly Do not include payments for			-	sitting, daycare, nursery, and preschool.	\$	0.00
22.	that is required for the health by a health savings account.	and welfare of you or your Include only the amount the	depende at is more	nts and that is than the tota		•	0.00
	Payments for health insuran	_				\$	0.00
23.	for you and your dependents	s, such as pagers, call waitir necessary for your health a d by your employer.	ng, caller nd welfar	dentification, e or that of yo	you pay for telecommunication services special long distance, or business cell our dependents or for the production of		
	expenses, such as those rep	orted on line 5 of Official Fo			ount you previously deducted.	+\$	0.00
24.	expenses, such as those rep  Add all of the expenses all  Add lines 6 through 23.		orm 122C	-1, or any am		<b>+</b> \$ \$	2,062.00
	Add all of the expenses all	owed under the IRS expe	orm 122C  nse allow  eductions	-1, or any am vances. allowed by the	ount you previously deducted.		
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disabilit	owed under the IRS expension.  These are additional de Note: Do not include any insurance, and health sa	orm 122C nse allow eductions ny expens avings ac	allowed by the allowances count expen	ount you previously deducted.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance	owed under the IRS expension.  These are additional de Note: Do not include any insurance, and health sa	orm 122C nse allow eductions ny expens avings ac	allowed by the allowances count expen	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.	owed under the IRS expension.  These are additional de Note: Do not include any insurance, and health sa	orm 122Conse alloweductions avings acounts that	allowed by the se allowances count expensare reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance.	owed under the IRS expersions  These are additional do Note: Do not include any insurance, and health sace, and health sace,	eductions ny expension that	allowed by the se allowances count expense are reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.  Health insurance  Disability insurance	owed under the IRS expersions  These are additional do Note: Do not include any insurance, and health sace, and health sace,	eductions avings acunts that	allowed by the se allowances count expensare reasonab 0.00 0.00	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this to	owed under the IRS expension of the IRS expension o	eductions avings acunts that  \$	allowed by the seallowances count expensare reasonab  0.00  0.00  0.00	ount you previously deducted. The Means Test. Is listed in lines 6-24.  Isses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	2,062.00
Add	Add all of the expenses all Add lines 6 through 23.  litional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you	owed under the IRS expension of the IRS expension o	eductions avings acunts that  \$	allowed by the seallowances count expensare reasonab  0.00  0.00  0.00	ount you previously deducted. The Means Test. Is listed in lines 6-24.  Isses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	2,062.00
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reason	These are additional do Note: Do not include any insurance, and health sace, and health sace, and health savings accordant amount?  The care of household or inable and necessary care any your immediate family who	eductions ny expensions avings acunts that	allowed by the seallowances.  allowed by the seallowances.  count expensare reasonab  0.00  0.00  0.00  0.00  onembers. The opt of an elder et o pay for s	count you previously deducted.  The Means Test. Is listed in lines 6-24.  The monthly expenses for health ly necessary for yourself, your spouse, or yourself, your spouse, or yourself, your spouse, or actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$r	2,062.00
25. 26.	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions  Health insurance, disability insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reason your household or member of include contributions to an ail Protection against family were reserved.	These are additional de Note: Do not include an y insurance, and health sace, and health sace, and health savings according to the care of household or onable and necessary care as of your immediate family who count of a qualified ABLE priolence. The reasonably necessary care and the count of a qualified ABLE priolence.	eductions avings acunts that	allowed by the se allowances.  allowed by the se allowances count expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	count you previously deducted.  The Means Test. Is listed in lines 6-24.  The monthly expenses for health ly necessary for yourself, your spouse, or yourself, your spouse, or yourself, your spouse, or actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$r	2,062.00

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	Jan Michael Goldberg		ase number ( <i>if kno</i>	own)	2:15	-bk-5	<u>746</u>	5	
	Additional home energy costs. Your hom allowance on line 8.	e energy costs are included in your non-mo	rtgage housin	ıg ar	nd utilitie	es			
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs								
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must	show that the	e ad	ditional			\$	0.0
;	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.								
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.								
	* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.							\$	0.0
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.								
,	You must show that the additional amount claimed is reasonable and necessary.							\$	0.0
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute inization. 11 U.S.C. § 548(d)3 and (4).	in the form of	cas	h or fina	ancial			
- 1	Do not include any amount more than 15%	of your gross monthly income.						\$	0.0
	Add all of the additional expense deductions Add lines 25 through 31.						\$	i	0.00
Dedu	ictions for Debt Payment								
	· · · · · · · · · · · · · · · · · · ·								
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home 33a through 33e.	e mortgages,	veh	icle				
lc T	pans, and other secured debt, fill in lines	33a through 33e. ent, add all amounts that are contractually d							
lo T	pans, and other secured debt, fill in lines of calculate the total average monthly paym	33a through 33e. ent, add all amounts that are contractually d						erage m	onthly
I <b>c</b> CI	oans, and other secured debt, fill in lines or calculate the total average monthly paym reditor in the 60 months after you file for ba  Mortgages on your home	33a through 33e. ent, add all amounts that are contractually d nkruptcy. Then divide by 60.	ue to each se	ecure	ed	=>		erage m yment	
I <b>c</b> Ti ci	cans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for ba  Mortgages on your home  Copy line 9b here	33a through 33e. ent, add all amounts that are contractually d	ue to each se	ecure	ed	=>	pa	_	onthly
10 Tr cr 33a.	cans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	a33a through 33e.  ent, add all amounts that are contractually denkruptcy. Then divide by 60.	ue to each se	cure	ed	=> =>	pa	_	
T cr 33a.	cans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	33a through 33e. ent, add all amounts that are contractually d nkruptcy. Then divide by 60.	ue to each se	cure	ed		pa	_	0.00
33a. 33b. 33c.	cans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	a33a through 33e.  ent, add all amounts that are contractually denkruptcy. Then divide by 60.	ue to each se	cure	ed	=>	pa	_	0.00
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33a. 33b. 33c.	cans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	and through 33e.  ent, add all amounts that are contractually denkruptcy. Then divide by 60.	ue to each se	Doe	es paymude taxo	=> => nent	pa	_	0.00
33a. 33b. 33c.	cans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	and through 33e.  ent, add all amounts that are contractually denkruptcy. Then divide by 60.	ue to each se	Doe included or include the contract of the co	es paym ude tax nsuranc	=> => nent	pa	_	0.00
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33a. 33b. 33c.	cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  The of each creditor for other secured debt	and through 33e.  ent, add all amounts that are contractually denkruptcy. Then divide by 60.	ue to each se	Doe included in the control of the c	es paym ude taxi nsuranc No Yes	=> => nent	\$ _ \$ _ \$ _ \$	_	0.00
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33a. 33b. 33c.	cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  The of each creditor for other secured debt	and through 33e.  ent, add all amounts that are contractually denkruptcy. Then divide by 60.	ue to each se	Doe incli	es paymude taxonsuranc No Yes No Yes	=> => nent es ee?	\$ _ \$ _ \$ _ \$	_	0.00

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Jan Michael Goldberg Case number (*if known*) 2:15-bk-57465 Debtor 1 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount  $\div 60 = \$$ -NONE-\$ Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 10.757.77 ÷60 \$ 179.31 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> 179.31 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 2,062.00 expense allowances Copy line 32, All of the additional expense deductions 0.00 Copy line 37, All of the deductions for debt payment 179.31 2.241.31 2,241.31 Copy total here=> Total deductions.....

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Debtor 1	Jan	Michael G	oldberg		Cas	e number (if known)	2:15-bl	k-57465
Part 2:	De	termine You	r Disposable Income Under 11 U.S.C. §	§ 1325(b)(2)				
			ent monthly income from line 14 of For Current Monthly Income and Calculation				\$_	18,632.33
d re	hildren lisability eceived	The monthl payments for in accordance	ly necessary income you receive for su y average of any child support payments, or a dependent child, reported in Part I of F ce with applicable nonbankruptcy law to the ended for such child.	, foster care pay Form 122C-1, th	ments, or at you	\$	0.00	
e ir	mploye n 11 U.S	r withheld fro 5.C. § 541(b)	etirement deductions. The monthly total of m wages as contributions for qualified retion (7) plus all required repayments of loans f § 362(b)(19).	tirement plans, a	s specified	\$	0.00	
42. <b>T</b>	otal of	all deductio	ns allowed under 11 U.S.C. § 707(b)(2)(	( <b>A).</b> Copy line 38	3 here=	> \$ 2	,241.31	
e th	expense heir exp	s and you ha enses. You r	al circumstances. If special circumstance we no reasonable alternative, describe the nust give your case trustee a detailed expocumentation for the expenses.	e special circum	stances an	d		
Desc	cribe the	e special cir	cumstances	Amou	unt of expe	ense		
				\$				
				·				
				¥		 ¬		
			To	otal   \$	0.00	Copy here=> \$	(	0.00
44. <b>T</b>	otal ad	justments. /	Add lines 40 through 43.		=> {	§ 2,241.3	Cop here	y ==> -\$
45. <b>C</b>	Calculat	e your mon	thly disposable income under § 1325(b	<b>)(2).</b> Subtract lin	ie 44 from li	ne 39.	:	\$16,391.02
Part 3:	Ch	ange in Inco	ome or Expenses					
h ti y	nave cha ime you rou filed	inged or are r case will be your petition	or expenses. If the income in Form 122C-virtually certain to change after the date ye open, fill in the information below. For ex, check 122C-1 in the first column, enter lim when the increase occurred, and fill in the	ou filed your ba cample, if the wa line 2 in the seco	nkruptcy pe iges reporte and column	tition and during ed increased afte	er	
Form	1	Line	Reason for change	Dat	e of change	Increase or decrease?	Am	nount of change
☐ 12 ☐ 12 ☐ 12 ☐ 12 ☐ 12 ☐ 12	22C-2 22C-1 22C-2 22C-1					☐ Increase ☐ Decreas ☐ Increase ☐ Decreas ☐ Increase ☐ Decreas ☐ Decreas	se \$	
☐ 12 ☐ 12	22C-1					☐ Increase	)	

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Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Jan Michael Goldberg
Jan Michael Goldberg
Signature of Debtor 1

Date March 3, 2016

MM / DD / YYYY

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LBR Form 1015-2 Case No. 2:15-bk-57465

# AMENDED STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LOCAL RULE 1015-2 UNITED STATES BANKRUPTCY COURT, SOUTHERN DISTRICT OF OHIO

Please check the appropriate box(es) with respect to each of the following items and state the required information in the space below, adding an additional page if necessary:

If any previous bankruptcy of any kind was filed in any court within the last eight (8) years by or against this debtor or any entity related to the debtor as described below, or if the debtor or any entity related to the debtor as described below has a pending bankruptcy case in any bankruptcy court regardless of when such case was filed, then set forth 1) the name of the debtor, 2) case number, 3) date filed, 4) chapter filed under, 5) district and division where the case is or was pending, 6) current status of the case, 7) whether a discharge was granted, denied, or revoked, 8) any real estate in the case and 9) judge assigned to the case. If the prior case was a case under chapter 13 which was confirmed, paid out and discharged, and the current case is a chapter 7 case, the debtor shall disclose the percentage paid to unsecured creditors in the chapter 13 case.

		This debtor (identical individual, including DBAs, FDBAs)					
		This debtor (identical business entity)					
		Spouse of this debtor					
		Former spouse of debtor					
		Corporation/LLC if this debtor is or was a major shareholder/member of the corporation/LLC					
		Major shareholder of this debtor (if this debtor is a corporation)					
	Affiliate(s) of this debtor (see §101(2) of the Code)						
	Partnership, if this debtor is or was a general partner in the partnership						
	General partner of this debtor (if this debtor is a partnership)						
		General partner of this debtor (if this debtor is or was another general partner therewith)					
		Involuntary					
		dberg, Southern District of Ohio - 12-bk-57275 - Filed August 23, 2012, Chapter 13, Judge Caldwell, Yearling use in Bexley.					
	NONE OF THE ABOVE APPLY						
I DECL	ARE, UN	DER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.					
Dated:	March	3, 2016/s/ Jan Michael Goldberg					
		Jan Michael Goldberg					
		DEBTOR					